

# STATE OF MAINE

## **INTERPRETERS AND TRANSLITERATORS OF AMERICAN SIGN LANGUAGE AND ENGLISH**

### **APPLICATION FOR LICENSURE**

- *Certified Interpreter/Transliterators*
  - *Certified Deaf Interpreter*



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8624

TTY (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION FOR LICENSURE

## CERTIFIED INTERPRETER/TRANSLITERATOR

## CERTIFIED DEAF INTERPRETER

- Completed Application
- \$25.00 Application Fee and \$200 License Fee
- Copy Of High School Diploma Or Equivalent
- Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Treasurer, State of Maine
- Sworn, Signed Notarized Code of Ethics (ATTACHMENT "A"), Please sign one copy, have notarized and return to the Office. Keep second copy for your records
- Copy of current membership card from the Registry of Interpreters for the Deaf, Inc. or, documented proof of a minimum certification level of 4 from the National Association of the Deaf, Inc.

### Fees

Certified Interpreter/Transliterators License	\$25 Application Fee and \$200 License Fee
Certified Deaf Interpreter License	\$25 Application Fee and \$200 License Fee

Questions should be directed to the office through our hearing impaired telephone line at 207-624-8563, or contact Marlene M. McFadden at 207-624-8624 or by email, [marlene.m.mcfadden@state.me.us](mailto:marlene.m.mcfadden@state.me.us).



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DEPARTMENT OF PROFESSIONAL AND FINANCIAL  
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35 STATE HOUSE STATION  
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04333-0035

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

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**Notice regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

**Notice regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

✓CHECK APPROPRIATE BOX:

- ☐ CERTIFIED INTERPRETER/TRANSLITERATOR \$200.00 (4073/1424)  
☐ CERTIFIED DEAF INTERPRETER \$200.00 (4073/1425)

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____)_____-_____
<b>Social Security #:</b> (____)-(____)-(____)		<b>Date of Birth:</b> _____
<b>Legal Address:</b> (if different from mailing address)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____)_____-_____

**1. Has any court for any offense other than a minor traffic violation ever convicted you?**

☐ **YES** ☐ **NO**

- **If yes, please list date(s) and conviction(s) on a separate sheet of paper and submit a copy of the court judgement with this application.**

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature:	Date:
Printed Signature:	



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REGISTRY OF INTERPRETERS FOR THE DEAF  
CODE OF ETHICS

**Attachment "A"**

**The Registry of Interpreters for the Deaf, Inc. has set forth the following principles of ethical behavior to protect and guide interpreters and transliterators and hearing and deaf consumers. Underlying these principles is the desire to insure for all the right to communicate.**

- ☐ Interpreters/translitterators shall keep all assignment-related information strictly confidential.
- ☐ Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
- ☐ Interpreters/translitterators shall not counsel, advise or interject personal opinions.
- ☐ Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.
- ☐ Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
- ☐ Interpreters/translitterators shall function in a manner appropriate to the situation.
- ☐ Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
- ☐ Interpreters/translitterators, by virtue of membership or certification by the RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

**I swear that I have read, understand and agree to abide by the Code of Ethics of the Registry of Interpreters for the Deaf, Inc. as stated above.**

Printed or Typed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARIZATION

Printed or Typed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

STATE OF \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
Name of person acknowledged)

Signature of Notary: \_\_\_\_\_

Name of Notary Public PRINTED \_\_\_\_\_

Notary Public, State of \_\_\_\_\_, My Commission expires on: \_\_\_\_\_



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TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

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Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### ***CRIMINAL HISTORY RECORDS CHECK PROCEDURE***

Please complete the applicant information section and return it to the Office with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8624  
(Office Phone)

(207)624-8653 (TTY)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

Thursday March 01 2001



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**CRIMINAL HISTORY RECORD CHECK FEE: \$8.00**

Make checks payable to: Treasurer, State of Maine  
*Submit this Application with License Application*

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Social Security/Federal I.D. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Any other names used: \_\_\_\_\_

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION**

**(Office Use Only)**

Date: \_\_\_\_\_ Contact Person: **MARLENE MCFADDEN**  
Agency Name & Address: **Office of Licensing and Registration  
Interpreters and Transliterators of American Sign Language and  
English  
35 State House Station  
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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> (____) _____ - _____
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard \_\_\_\_\_

Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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